STATE OF MONTANA
Office of the Governor
Mental Disabilities Board of Visitors

325 Power Block - Helena, Montana 59601
(406) 449-3955

Thomas L. Judge
Governor

This report of the Lewistown Mental Health Center, a satellite office within Region III, is issued by the Mental Disabilities Board of Visitors in accord with The Mental Commitment and Treatment Act of 1975, Title 38, Chapter 13 of the Revised Codes of Montana, 1947. Conducting this site visit were Board members: Al Bertelsen, Patricia Boedecker, Virginia kenyon and Dr. Frank Seitz; the Board's staff member, Kelly Moorse; along with in-state consultant, Dr. William J. Docktor, Clinical Pharmacist, Missoula, Montana.

Members of the Center meeting with the Board of Visitors included: Joan Stockton, R.N., the only full-time staff person at the Center; Otto Jensen, County Commissioner; and two members of the Advisory Board, Joy Wicks and Betty Cerovski.

This report, prepared by the Board of Visitors, will be presented to the Honorable Governor of the State of Montana, the Director of Region III and to the Director of the Department of Institutions.

BOARD OF VISITORS REVIEW OF THE
LEWISTOWN MENTAL HEALTH CENTER

Lewistown, Montana

May 18, 1978

The Lewistown Mental Health Center, a satellite office within Region III, was established in November of 1974. This center which serves Judith Basin, Fergus and Petroleum counties, is staffed by a full-time registered nurse and a secretary-receptionist. Additional services are provided by a consulting psychologist from Harlowton, who visits the center one day a week; and a Green Thumb outreach worker who works part-time for the elderly. The Board was informed that a psychiatric social worker will be joining the Center's staff receives supervision from a Billings based psychologist.

Services are provided in Fergus county eight hours a day, five days per week, and evenings as needed. Minimal services are provided to Petroleum and Judith Basin counties. Mrs. Stockton stated that because of the size of the communities and the stigma associated with receiving mental health services, most clients preferred to come to the Lewistown Mental Health Center.

The basic services provided to the center include marriage and family counseling, individual counseling, emergency counseling and some consultation and education. The nurse's caseload averages six patients a day, who come in for direct services. The four major areas that she deal with are as follows: 1) anxiety and depression reactions; 2) marital

problems; 3) geriatric problems; 4) adolescents, who are primarily referred through the probation office. Statistics for February, 1977 indicate the following distribution of people and services provided by the Center:

Category	# of persons	%
State Home	20	25%
Elderly	15	18%
Marital	12	16%
Individual	25	31%
Aftercare	4	5%
Child/Adolescents	3	3.5%
Total Cases Active	79	100.0%

The files reviewed by this Board and its consultant reflected the very minimum of services this facility is able to provide its clients of the three counties. There is no question that the limited staff is doing a most conscientious job; however, there is simply not enough staff. The issue of staffing will be addressed later in this report. In a sample of files reviewed by the Board there appears to be some fragmentation. For example, in one case (#17728-7) the presenting problem was indirectly described without the specific precipitating events being noted. Further, in formulating a diagnostic picture of the patient, the therapist failed to observe in the written progress notes important information such as a drinking history involving two admissions to Galen. Rather the progress notes and other diagnostic information appeared to be primarily recollections of what the patient said during the interview.

The medications review, conducted by the Board's consultant, William Docktor, revealed that there was no indication of

history of medication, allergies, adverse drug reactions or drug abuse documented in the patient files inspected. This history is very important as it avoids repeating negative experiences with drugs or drugs which are ineffective in that individual.

The Board's consultant questioned the choice of drugs used in three cases. The indications in Appendix B document this concern. At the present time different physicians are involved in the care of each of these patients; one from the Billings Mental Health Center, the others from the Lewistown community. Selection and monitoring of drug therapy appears to be the responsibility of the individual's private physician. There is little documentation of the effects of these drugs, beneficial or detrimental, within the Center's record. The Board's consultant stated that perhaps much of this data is contained in the records of the private physicians. If this data does exist, it should appear in the Center's record so that the various treatment modalities may be integrated.

According to the Board's consultant, someone who has extensive experience in the drug therapy of mentally ill persons and who has the opportunity to see the patient on a regular basis is needed. Drug therapy can be optimized only if the initial selection of drugs is rational for the individual, specific goals of therapy are defined, and a monitoring plan and procedure is implemented. It is also desirable that a single person be responsible for all facets of therapy. This person can then integrate the various modalities into the

optimum treatment plan.

Patient education is very important for all patients who will be administering their own medications. In none of the files reviewed was any patient education documented. Patient education is intended to teach patients to correctly store and administer their medications, a prerequisite to effective drug therapy. It can also help to recognize and eliminate side effects more readily.

The primary problem encountered by the center is one of staffing. Recruitment efforts for a psychiatrist were realized in July, 1977; however, the placement lasted only six months. Continued efforts are being made through the National Health Corp to fill this position. As mentioned previously, a psychiatric social worker will be with the staff after June 1, 1978. Community needs and staffing patterns indicate that further staff development and in-service education would benefit this satellite office.

A second problem outlined by one of the county commissioners for Fergus County is that of community education. As several members of the Advisory Board pointed out, there's still a significant stigma attached to coming in for mental health services. The Board supports the center in their efforts of community education regarding mental health.

The Mental Health Center, which was previously located in the old hospital, moved to new facilities just prior to the Board's site visit. The county commissioner and the Advisory Board members stated that the present location site was chosen

because of its accessibility to those persons from the outlying communities and to the new hospital. With the population trends as projected, it is the hope of this Board that the justification used to provide a new building will also be the rationale for providing additional services and staff to this area.

APPENDIX A

INTAKE AND PROPOSED SERVICE PLAN

(Lewistown Mental Health Center)

SOUTH CENTRAL MONTANA MENTAL HEALTH CENTER

Admission Document

Unit Giving Service

Admit Date	MHC No.	Guarantor No.:
/ /	0/ 0/ / / / / /-/ /	

Patient's Name — Last	First	Middle	Maiden	Sex	Birth Date
					/ /

Age	Patient Address	Patient Phone

Relation to Guar.	Therapist	Th. No.	F.C.	I.A.	Social Security No.
		/ / / /			

Person Responsible for This Account	Home Address	City	State	Zip

Insurance 1	Insurance 2

Legal Res. /	Diagnosis 1	Diagnosis 2	Diagnosis 3

WSSH NO.	How Long Curr. Addr.	Yrs.	Mos.	Grant Coverage - Check One: WSSH	Original	Children's

REFERRAL SOURCE		ETHNIC GROUP		MARITAL STATUS		LEGAL STATUS	
Self	1001-7	Am. Indian	1061-1	Single	1121-3	Voluntary	1161-9
Family	1002-5	Asian Amer.	1062-9	Married	1122-1	Involuntary	1162-7
Friend	1003-3	Black	1063-7	Remarried	1123-9	Crt. Order	1163-5
Clergy	1004-1	Mex/Spanish	1064-5	Div or Annul	1124-7	Emergency	1164-3
School	1005-8	White	1066-0	Widowed	1125-4		
Police	1006-6	Other	1067-8	Separated	1126-2		
Adult Court	1007-4			Unknown	1127-0		
Juv. Court	1008-2						
Corr. Agency	1009-0	EST. ANNUAL FAMILY		SOCIO-ECONOMIC STATUS		TOTAL NUMBER	
Crt. of Concilia.	1010-8	HOUSEHOLD INCOME		Self Employ.	1141-1	IN FAMILY	
Co. Attorney	1011-6	$0-1,999	1081-9	Employed	1142-9	1170-0	
Pub. Defender	1012-4	$2,000-$2,999	1082-7	Unemploy	1143-7	VETERAN	
Priv. Attorney	1013-2	$3,000-$3,999	1083-5	Homemaker	1144-5	WWI	1181-7
Priv. Psychiatrist	1014-0	$4,000-$4,999	1084-3	Welfare	1145-2	WWII	1182-5
Oth. Priv. Phys.	1015-7	$5,000-$7,999	1085-0	Preschool	1146-0	V. Nam	1183-3
Oth. MH Profess.	1016-5	$8,000-$9,999	1086-8	Student	1147-8	Other	1184-1
Pub. Psych. Hosp.	1017-3	$10,000-$14,999	1087-6	Retired	1148-6	None	1185-8
Oth. Psych. Hosp.	1018-1	$15,000-$24,999	1088-4	Unable to Work	1149-4	Korea	1186-6
Gen. Hosp.	1019-9	$25,000 & Above	1089-2	Unknown	1150-2		
VA Hospital	1020-7	EDUCATION		PREVIOUS MENTAL HEALTH SERVICES			
Nursing Home	1021-5	None	1101-5	(Check All That Apply)			
Alcohol Prog.	1022-3	Some Grd Sch	1102-3	Public Psychiatric Hosp.			1201-3
Drug. Prog.	1023-1	Compl Grd Sch	1103-1	Priv. Mental Health Profes.			1202-1
Disab. Det. Bur.	1024-9	Some High Sch	1104-9	Other MHC Clinic			1203-9
Voc. Rehab.	1025-6	Compl High Sch	1105-6	Partial Hospitalization			1204-7
Pub. Health	1026-4	Some College	1106-4	Other Psych Hosp. Unit, includ. Gen. Hosp.			1205-4
Welfare Agency	1027-2	Compl College	1107-2	This Mental Health Center			1206-2
Dev. Disabled	1028-0	Grad School	1108-0	WSSH			1207-0
Oth. MH Center	1029-8	Bus. or Tech Sch	1109-8	Galen			1208-8
Armed Services	1030-6	Special Educ	1110-6	Boulder			1209-6
Other	1049-1	Unknown	1111-4	VA Hospital			1210-4
				Oth. Alcohol Trtmt. Service			1211-2
ADMISSION STATUS		GEOGRAPHICAL		Oth. Drug Trtmt. Service			1212-0
New Admission	1051-2	RESIDENCE		Unknown			1213-8
Readmission from This FY	1052-0	Urban	1191-6	None			1214-6
Readmission from Prior FY's	1053-8	Rural	1192-4				

MHC 209

Permission granted for follow-up interview by Res. and Eval. Staff

SIGNATURE

ORIGINAL

Page Two - ADMISSION DOCUMENT

Name _____ CMHC #_____

Aliases, (AKA) Mdn Name_____

Employer's_____

Parents or Spouse_____

Children or Sibs (If living at home)_____

_____

(Get birthdays of children & names)

Contacted By_____ Referred By_____

Cross Reference Charts_____

Appointment Time Given_____ Assigned Worker_____
Fee_____ Fee Change_____(Initial)
Nature of Problem (From phone contact)_____

Chief Complaint (As told to Intake Worker)_____

HISTORY: (Previous psychiatric, family and social history, i.e., work, school, drugs, sex, parents, siblings)

MENTAL STATUS EXAM: (General appearance, manner and attitude, thought life and mental trend, affect and mood, sensorium, orientation, consciousness, intelligence, concrete vs abstract thinking, judgment and insight)

South Central Montana Regional Mental Health Center

SERVICE OBJECTIVES AND PLANS

Patient Name _____ CMHC No. _____ Primary Therapist _____

I. A. Goal/Objective Description: _____

B. Primary Strengths/Problems in Role Performance: _____

C. Action Steps to Goal: _____

Magnitude of Outcomes Describe Measurable Indicator				
Least Favorable Outcome Thought Likely	Less Than Expected	Expected Level	Better Than Expected	Most Favorable Outcome Thought Likely

Time Frame:
Proj. Units of Service (days, months, etc.)
Actual Units
Date to Score
Score
Formulated by:

II. A. Goal/Objective Description: _____

B. Primary Strengths/Problems in Role Performance: _____

C. Action Steps to Goal: _____

Magnitude of Outcomes Describe Measurable Indicator				
Least Favorable Outcome Thought Likely	Less Than Expected	Expected Level	Better Than Expected	Most Favorable Outcome Thought Likely

Time Frame:
Proj. Units of Service (days, months, etc.)
Actual Units
Date to Score
Score
Formulated by:

Place an "O" Current Level of Functioning
Place an X through Level Achieved at "Date to Score"

Program Emphasis: ☐ Stablization ☐ Sustenance ☐ Growth
☐ Prevention ☐ Management (Assessment)

White—File Copy
Canary—Clinician's Copy
Pink—Patient's Copy

MEDICAL HISTORY

Personal Physician_____ Date of last physical_____

Findings_____

_____

_____

Blood Pressure R-_____ L-_____ Date_____
Do you smoke?_____ What and how much_____

Do you usually drink over 6 cups of coffee per day?_____
Do you regularly drink alcohol?_____ What and how many ounces per day_____

Are you presently taking any medications?_____ What and how much_____
_____

Operations? What and When_____
_____
_____

Serious illnesses? Underline those requiring hospitalization._____
_____
_____

Serious injuries or accidents?_____
_____
_____

	Circle		Frequency
Severe headaches?	Yes	No	
Have you ever fainted?	Yes	No	
Have you had spells of dizziness?	Yes	No	
Spells of weakness in an arm or leg?	Yes	No	
Have you ever had a convulsion? (fit)	Yes	No	
Double vision?	Yes	No	
Nausea and vomiting?	Yes	No	
Shortness of breath?	Yes	No	
Chest pains or tightness in chest?	Yes	No	
Constipation?	Yes	No	
Diarrhea?	Yes	No	
Stomach aches? Before or after a meal?	Yes	No	
Any allergies (sensitivity, reactions to medications?)	Yes*	No	

Have you or any blood relative had: (Who?) Stroke_____ Heart Attack_____ Cancer_____
Suicide_____ Alcoholism_____ Other drug addiction (what)_____
Epilepsy_____ Mental Illness_____ Asthma_____ Leukemia_____ Migraine_____
High Blood Pressure_____ Tuberculosis_____ Stomach Ulcers_____ Colitis_____
Diabetes_____ (Check all that apply) Weight_____ Any change recently_____
Height_____
Any change in physical condition recently?_____

Any change in personal habits recently?_____

APPENDIX B

MEDICATION

SAMPLE CHECKLIST

Number: Diagnosis:

Medications:

A. History
   1. Medications
   2. Allergy/Adverse Drug Reactions
   3. Drug Abuse

B. Current Medications
   1. Indications
   2. Contraindications
   3. Drug Interactions
   4. Adverse Drug Reactions
   5. Dosage
   6. Prescriber
   7. Review
   8. Goals
   9. Medication Record
   10. Patient Education

C. Integration with other treatment modalities

D. Comments

Number: 14381-7 Diagnosis: Schizophrenia, paranoid type

Medications: Thioridazine (Mellaril^{R})
Lithium Carbonate

A. History

1. Medication: not present
2. Allergy/Adverse Drug Reaction: not present
3. Drug Abuse: not present

B. Current Medications

1. Indication: Thioridazine matches the diagnosis of schizophrenia. No indication of Lithium Carbonate is apparent.
2. Contraindications: Lithium MAY, i.e., suggested but not proven, be more neurotoxic in the presence of schizophrenia.
3. Drug Interactions: none apparent
4. Adverse Drug Reactions: none described
5. Dosage: Thioridazine dosage appropriate. The dosage of Lithium Carbonate is being adjusted by frequent Lithium blood levels.
6. Prescriber: from Community
7. Review: Apparently this responsibility is assumed by private physician, but not well documented.
8. Goals: not described
9. Modication Records; present
10. Patient Education: not documented.

C. Integration: not documented

D. Comments; Antipsychoitcs and Lithium may be used together during the initial control of the manic phase of a manic-depressive disorder, or while an affective disorder vs psychosis diagnosis is pending. The coadministration of antipsychotics and Lithium should be limited in duration as much as possible.

Number 12916-3 Diagnosis: Schizophrenia, paranoid type with depressed features

Mecications: Fluphenazine (Prolixin^{R})
Trihexyphenidyl HCl (Artane^{R})
Desipramine (Norpramin^{R})

A. History

1. Medication: not present

2. Allergy/Adverse Drug Reaction: not present

3. Drug Abuse: not present

B. Current Medications

a. Indications: Fluphenazine for schizophrenia. Trihexyphenidyl HCl for side effects of Fluphenazine. Desipramine for depressed features. Desipramine is usually ineffective in the management of depressive episodes in persons with schizophrenia. They are best treated by treating the underlying disease. It is usually possible to discontinue the Trihexyphenidyl after a few months. If not, another antipsychotic which will produce fewer side effects should be tried.

2. Contraindications: none apparent

3. Drug Interactions: Additive anticholinergic effects from Trihexyphenidyl HCl and Desipramine.

4. Adverse Drug Reactions: none apparent

5. Dosage: Within acceptable range

6. Prescriber: Dr. Mattley

7. Review: Monthly medication check by prescriber. There was a progress note which was unsigned.

8. Goals: not defined.

9. Medication Records: present

10. Patient Education: not documented

C. Integration: not documented

Number: 14260-4 Diagnosis: Schizophrenia, paranoid

Medications: Thioridazine (Mellaril^{R})
Benztropine mesylate (Cogentin^{R})
Trifluoperazine (Stelazine^{R})

A. History

1. Medication: not present

2. Allergy/Adverse Drug Reaction: Allergic to penicillin and tomatoes listed on WSSH referral. No adverse reactions mentioned.

3. Drug Abuse: not present

B. Current Medications

1. Indications: Thioridazine and Trifluoperazine for schizophrenia. Even though the thioridazine is on an as needed basis, there is no reason to use two antipsychotics at once. Benztropine mesylate, for side effects of the antipsychoitcs, should be discontinued if possible. Usually this can be done after a few months of therapy. The current regimen has been in effect since 1-29-77. Noncompliance with prescribed medications has been documented. If patient education is not effective in improving this situation, fluphenazine decanoate (Prolixon^{R}) injections every three to four weeks may be a reasonable substitute for the current oral medications.

2. Contraindications: none apparent

3. Drug Interactions: intended

4. Adverse Drug Reactions: none apparent

5. Dosage: within acceptable range

6. Prescriber: Dr. Hughett

7. Review: not documented on regular basis

8. Goals: not defined

9. Medication Record: present

10. Patient Education: Needed to improve patient compliance, but not documented. (see indications)

C. Integration: not documented

APPENDIX C

VITA

William Docktor, Clinical Pharmacist

RESUMÉ

William J. Docktor
Phone (406) 243-6495 Office
(406) 728-2244 Home

600 Whitaker Dr Apt 2C
Missoula, Montana 59801

Education:

1. Pharm. D. University of Michigan August, 1977
2. B.S. Pharmacy North Dakota State University May, 1974

Professional Organizations:

1. American Society of Hospital Pharmacists
2. Montana Society of Hospital Pharmacists
3. American Association of Colleges of Pharmacy

Professional Licensure:

1. North Dakota
2. Indiana

Employment:

1. Assistant Professor of Clinical Pharmacy
   University of Montana, Missoula, Montana 59812
   September 12, 1977, to present

   a. Developing and teaching of Pharmacy 539 (Therapeutics, 5 hours), Pharmacy 507 (Introduction to Clinical Pharmacy, 3 hours), and Pharmacy 508 (Topics in Pharmacy Practice, 2 hours). All of the above courses are required for graduation and all are team-taught by myself and one other faculty member.
   b. Developing, administrating, and supervising Pharmacy 594 (Externship and Clinical Practicum, 15 hours). This is also a required course and involves practical experience for students in hospital and community distribution of drugs and direct patient and direct physician contact with the students.
   c. Developing and providing drug information services, eventually to the entire state of Montana.
   d. Developing clinical experience opportunities in local hospitals for student experience during externship(Pharmacy 594).
   e. Aid in developing progressive pharmacy service programs in local hospitals.
   f. Provide clinical pharmacy services in local hospitals.

g. Help hospital and community pharmacists who participate in Pharmacy 594 to develop themselves as professionals.
h. Participate as a member of the continuing education committee of the School of Pharmacy to develop programs to meet the needs of Montana's Pharmacists.
i. Act as chairman of the School of Pharmacy's library committee.
j. Act as advisor for one-half of the fifth year pharmacy class.

2. Associate in Clinical Pharmacy
Washington State University, Pullman, Washington
October 1, 1975 to June 1, 1976

This was a half-time faculty appointment combined with a residency in clinical pharmacy. All teaching and residency experiences were obtained in Deaconess Hospital, Sacred Heart Medical Center, and Family Medicine Spokane, all located in Spokane, Washington.

a. Teaching activities involved fifth-year pharmacy students during their practical experience course: formal lectures, formal and informal conferences, rounds, role model.
b. Provide clinical pharmacy services.
c. Provide nursing inservice education.
d. Provide formal conferences for medical interns and residents, other pharmacists, pharmacy students, and physicians.

3. Pharmacist
Osco Drug Inc. Elkhart, IN and Grand Forks, ND
June, 1974 to September, 1975

Retail pharmacy including dispensing, servicing a nursing home and Over-the-Counter consultation.

November 9, 1977